

**SOUTH CAROLINA STATE BOARD OF COSMETOLOGY  
POST OFFICE BOX 11329  
110 CENTERVIEW DRIVE  
COLUMBIA, SOUTH CAROLINA 29211-2517  
(803) 896-4588, (803) 896-4484 (fax)  
[www.llr.state.sc.us/POL/Cosmetology](http://www.llr.state.sc.us/POL/Cosmetology)**

**Instructor Information**

Chapter 35-4, page 25

Instructor; Qualification; Applications

In order for your application to be considered for examination, the following information is required:

1. Completed Instructor Application with photo attached
2. \$80.00 payment for application fee. (personal check, cashiers check or money order, payable to LLR, Board of Cosmetology). Application fees are NON-REFUNDABLE.
3. Copy of G.E.D., High School Diploma or highest level of education.
4. Verification of License/Instructor Training. You **MUST** hold a current Cosmetologist, Nail Technician or Esthetician license. Proof of current license and one of the following is required.
  - a) If you have been licensed for **MORE** than **two (2) years**, you must complete a **45 HOUR METHODS OF TEACHING COURSE**.
  - b) If you have been licensed for **LESS** than **two (2) years**, you must complete **750 HOURS OF INSTRUCTOR TRAINING** *and* the **45-HOUR METHODS OF TEACHING COURSE**.

In order to be scheduled to take the Practical Examination, you must first take the THEORY/WRITTEN portion of the examination, and pass with a score of 80%.

**ENDORSEMENT INSTRUCTOR INFORMATION**

In addition to the all of the above, you must provide a certified copy of Instructor's License from the Board in which your license is currently held, along w/verification of Instructor Training, indicating that at least 45 hours was in METHODS OF TEACHING.

For questions, please call (803) 896-4588.

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**TO: ALL NEW/REINSTATED LICENSEES**

**FROM: Doris Cubitt  
Administrator**

**DATE: January 2009 through September 2010**

**SUBJECT: Continuing Education Responsibility  
Chapter 35-23, page 50 - Continuing Education Requirements**

You have received your **first (Initial) license** and/or **Reinstated license** with the South Carolina State Board of Cosmetology. Upon receiving your license, you must complete **one (1) 6-hour Continuing Education class** before **December 31** of the same year to be eligible for renewal at the cost of **\$30.00**. If this class is not completed **before December 31**, your renewal/ and or reinstatement fee will be **\$80.00** providing the renewal/ and or reinstatement fee is received in this office **before March 10, 20 11**. If this class is completed **after December 31, 20 10** and renewal/ and or reinstatement is received **after March 10, 2011**, the renewal/ and or reinstatement fee will be **\$130.00**.

If you are an **Instructor** receiving your **first (Initial) license** and/or **reinstated license**, you must complete **one (1) 15-hour Continuing Education class** before **December 31** of the same year to be eligible for renewal at the cost of **\$60.00**. If this class is not completed **before December 31**, your renewal/ and or reinstatement fee will be **\$110.00**

**You may obtain a copy of the Approved Continuing Education Listing** from the South Carolina Board of Cosmetology website ([www.llr.state.sc.us/POL/Cosmetology](http://www.llr.state.sc.us/POL/Cosmetology)).

If you have further questions regarding the above information, please do not hesitate to call this office at (803) 896-4588.

**South Carolina Department of Labor, Licensing and Regulation  
Board of Cosmetology**

RETURN FORM TO:

Attach a  
recent photo  
of the  
applicant

SC Dept of Labor, Licensing and Regulation  
Board of Cosmetology  
Synergy Business Park  
110 Centerview Drive  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-4588 Fax (803) 896-4484

**INSTRUCTOR APPLICATION**

**Check One:**

Cosmetology \_\_\_\_\_

Endorsement \_\_\_\_\_

Esthetician \_\_\_\_\_

Nail Technician \_\_\_\_\_

Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Sex \_\_\_\_\_ Current License Number \_\_\_\_\_

Location of completed Methods of Teaching \_\_\_\_\_

Date of completion \_\_\_\_\_ Instructor \_\_\_\_\_

Name of school where you plan to teach \_\_\_\_\_

List any other specialized training or qualifications for teaching \_\_\_\_\_

**When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid. Please provide the following on you check: Drivers License #; Full Name; Street Address and Phone Numbers**

## AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this Affidavit of Eligibility. The information provided is subject to verification.

### **Section A: LAWFUL PRESENCE in the United States.**

I, (please print your full name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. \_\_\_\_ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. \_\_\_\_ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
  - a. \_\_\_\_ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
  - b. \_\_\_\_ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. \_\_\_\_ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
  - a. \_\_\_\_ I am a US citizen, not physically present or employed in the United States.
  - b. \_\_\_\_ I am a Foreign National, not physically present or employed in the United States.

***If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.***

**Section B: Secure and Verifiable Document.** This section must be completed if you checked number 1 or 2 in Section A.

1. Please check the acceptable secure and verifiable document(s) you hold. A copy of the verifiable document(s) must be attached to the Affidavit of Eligibility.

- ☐ A valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card. Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_
- ☐ A valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit. State: \_\_\_\_\_; Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_.
- ☐ Permanent Resident Card; Alien Number \_\_\_\_\_; Card Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_.
- ☐ Employment Authorization Card; Alien Number \_\_\_\_\_; Card Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_
- ☐ Certificate of Naturalization with intact photo.
- ☐ Certificate of (US) Citizenship with intact photo.
- ☐ Other: (Name of verifiable document) \_\_\_\_\_

2. Enter the state or the federal agency name where the secure and verifiable document(s) was issued.

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(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Include a copy of the card with the Affidavit)

**Section C: Attestation.**

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- I am the person identified above, and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.

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Signature

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Date

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Please print your name as shown on your secure and verifiable document.

Professional License Type: \_\_\_\_\_

License Number (if already licensed): \_\_\_\_\_

*The South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*